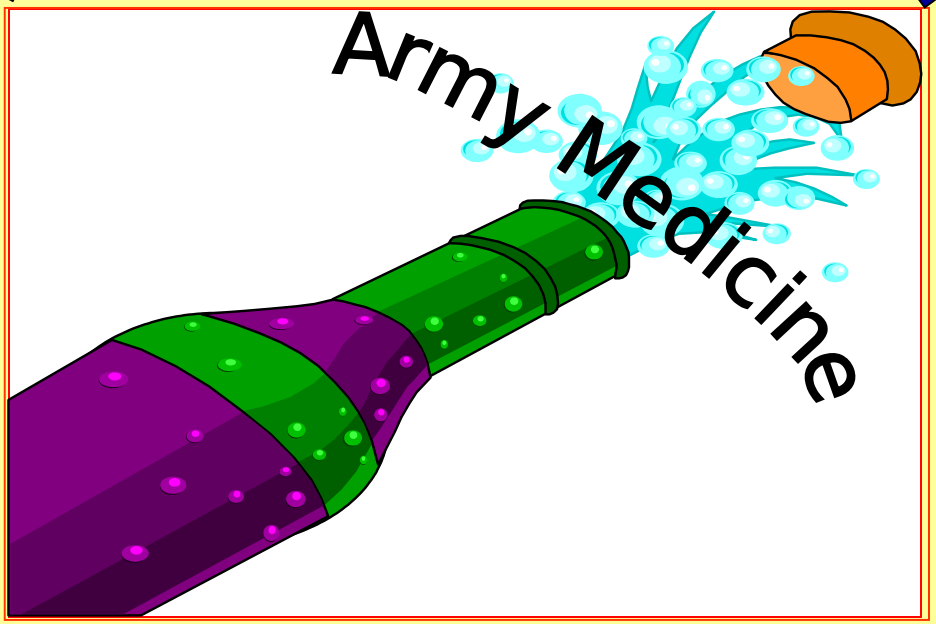
# Army Medical Department Update

# North Atlantic Regional Medical Command

## LTG James B. Peake
## The Surgeon General

United States Army Medical Command

# New Mellennium



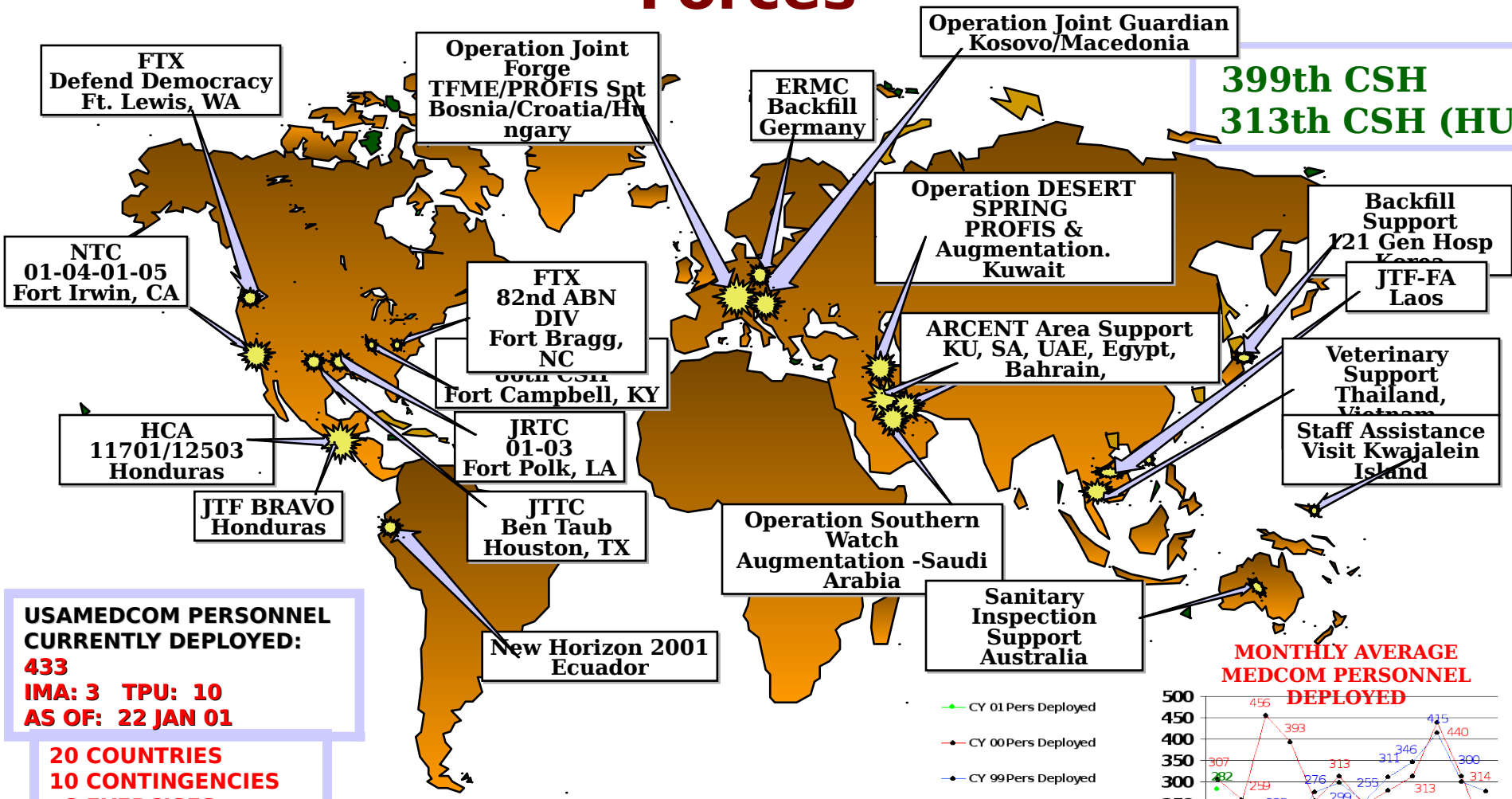

# 21st Century

# *CHALLENGES . . .*

# *OPPORTUNITIES*

# Vignette 2: Urban Operations (D+13 - D+24)

# MEDCOM Support of Worldwide Deployed Forces

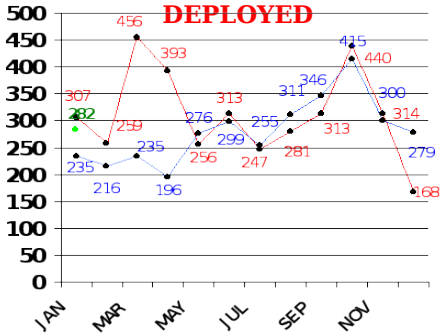


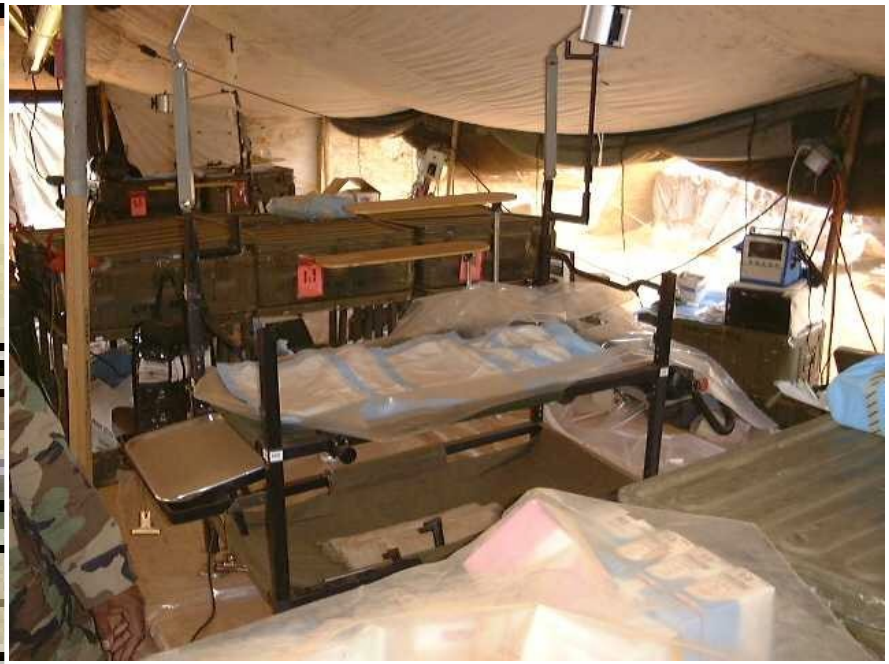

**USAMEDCOM PERSONNEL CURRENTLY DEPLOYED:**
**433**
**IMA: 3 TPU: 10**
**AS OF: 22 JAN 01**

**20 COUNTRIES**
**10 CONTINGENCIES**
**8 EXERCISES**
**5 CINCS**
**SUPPORTED**
**6 RMCs**
**3 MSCs**

**20 - 25% of the Deployed Force are RC Soldiers**

**MONTHLY AVERAGE MEDCOM PERSONNEL DEPLOYED**





# Transforming the ARMY

Preserve Peace Where Possible

RAPID RESPONSIVE READY

Restore Peace Where Necessary

# Transforming the ARMY

Transforming the Army . . .

**Strategically Responsive**

**Dominant At Every Point**

**Full Spectrum Force**

. . . For the 21st Century

RAPID RESPONSIVE READY

# CHIEF OF STAFF INTENT

## THE Army — Gen Shinseki 19

**PERSUASIVE IN PEACE**

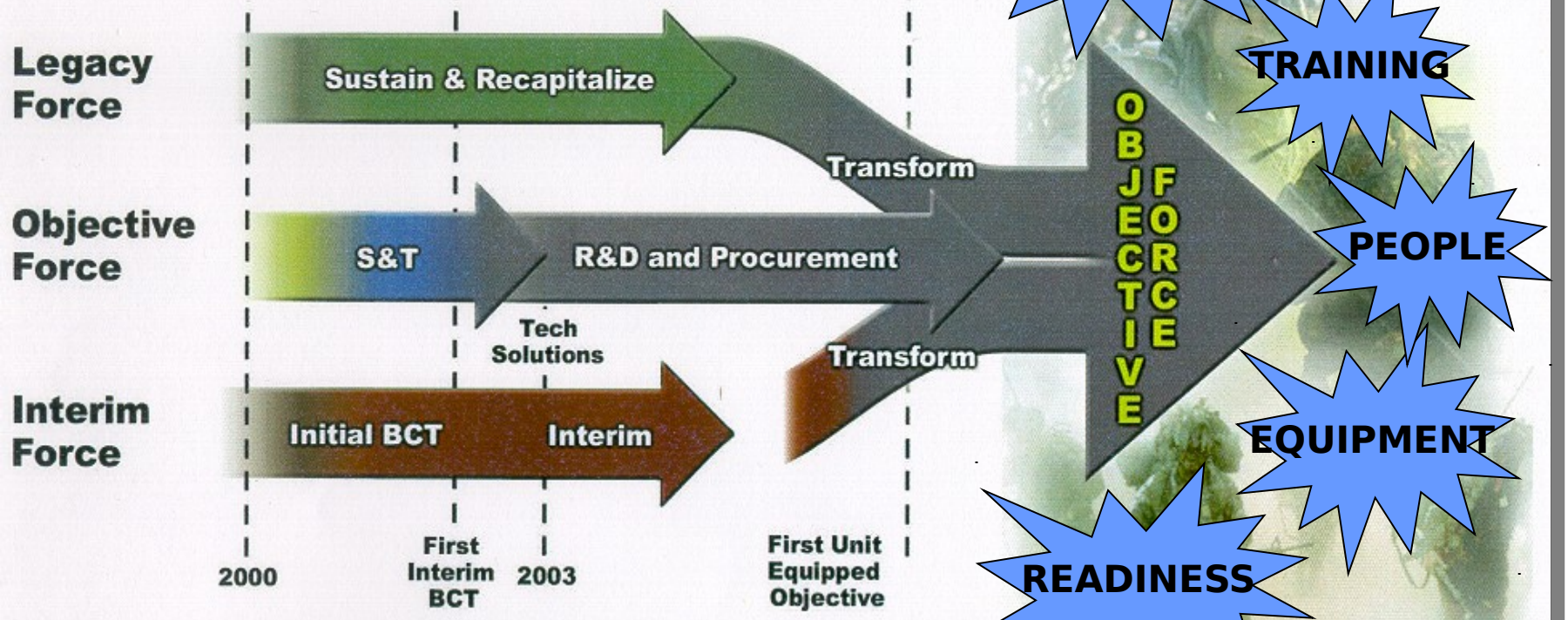
**INVINCIBLE IN WAR**

***PREEMINENT IN ANY CONFLICT***

# OPERATIONAL ENVIRONMENT

- SPEED
- VARIETY
- PRECISION
- FORCE

# The Army Transformation




*. . . Responsive, Deployable, Agile, Versatile, Lethal, Survivable, Sustainable.*

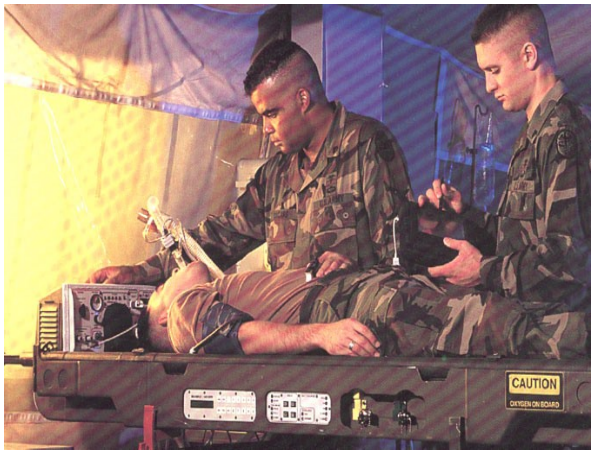
# New Vision Embraces the Full Spectrum of Missions

# Combat Health Support Deployment Requirement

**POINT: How Much We Have to Move**

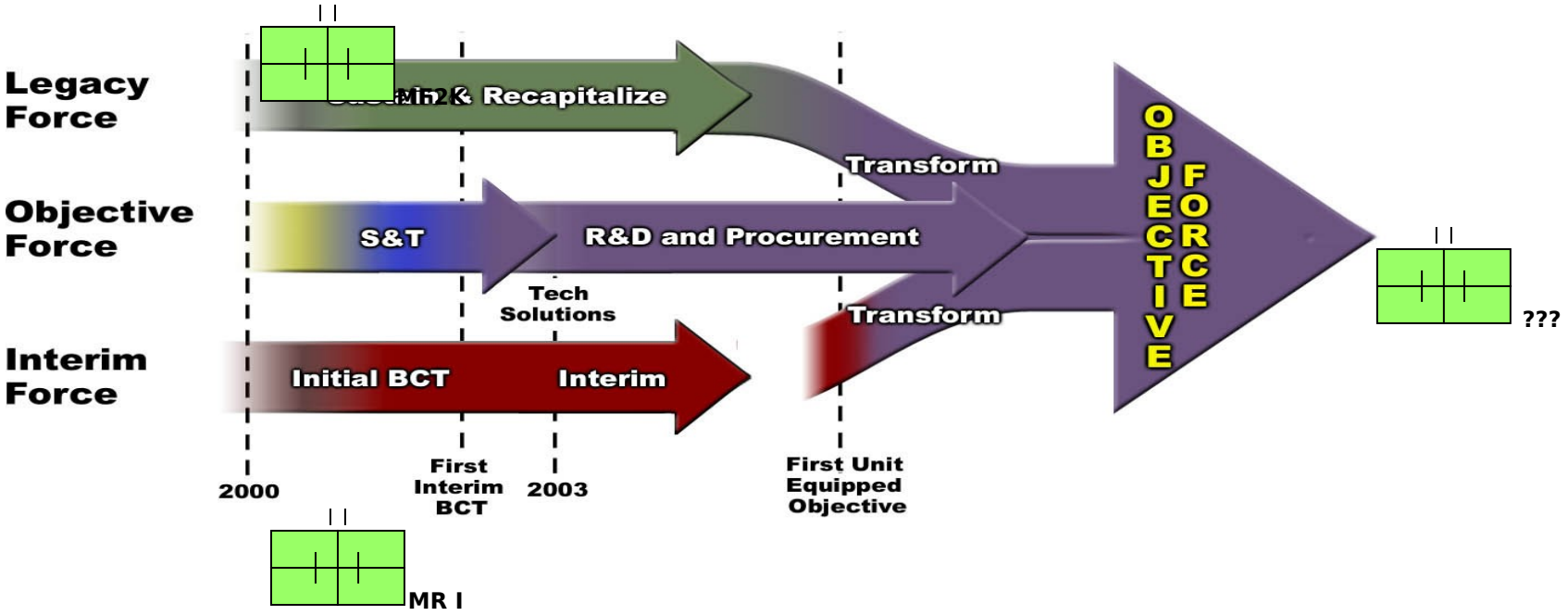
# Transformation: Our MRI Process

is our pathway to a lighter more deployable force that will be able to keep pace with the Army's combat forces

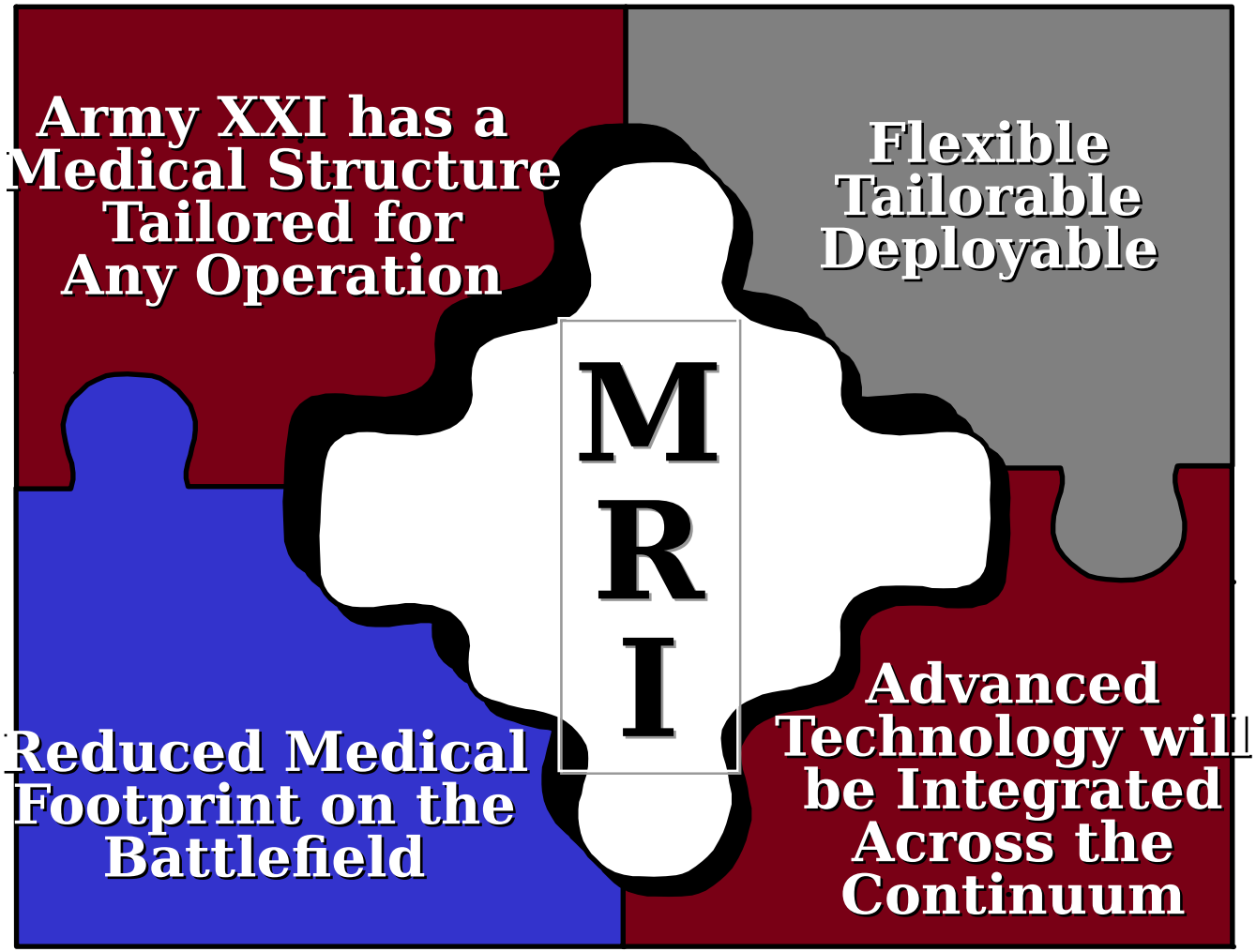



ARMY
MEDICAL REENGINEERING INITIATIVE
FORCE XXI
THE FUTURE MEDICAL FORCE FOR THE FUTURE BATTLEFIELD

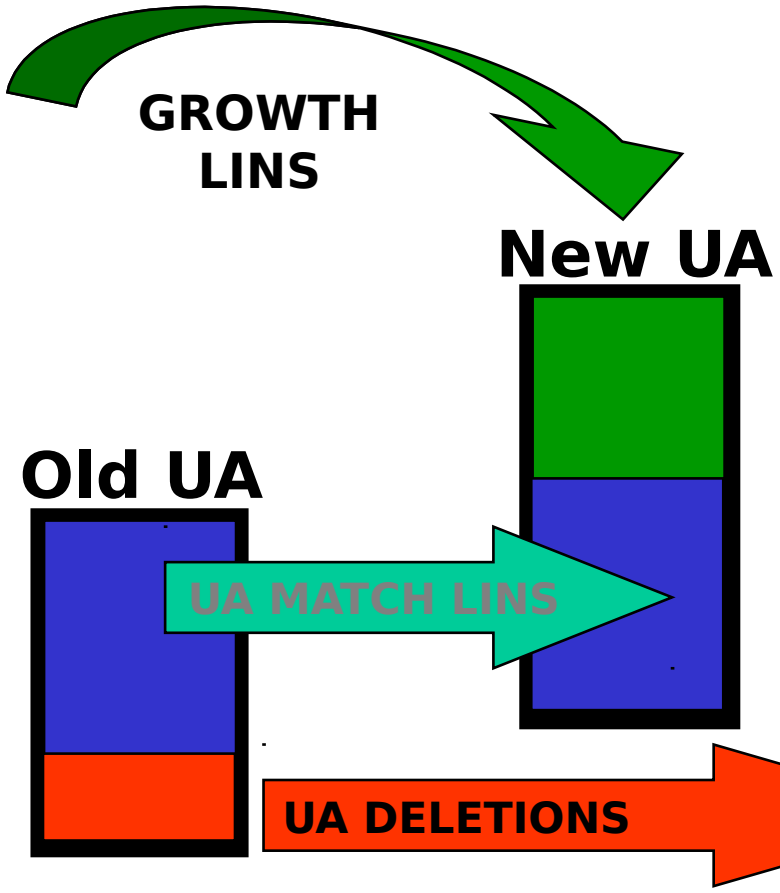
# Army Transformation



# ORGANIZATIONS

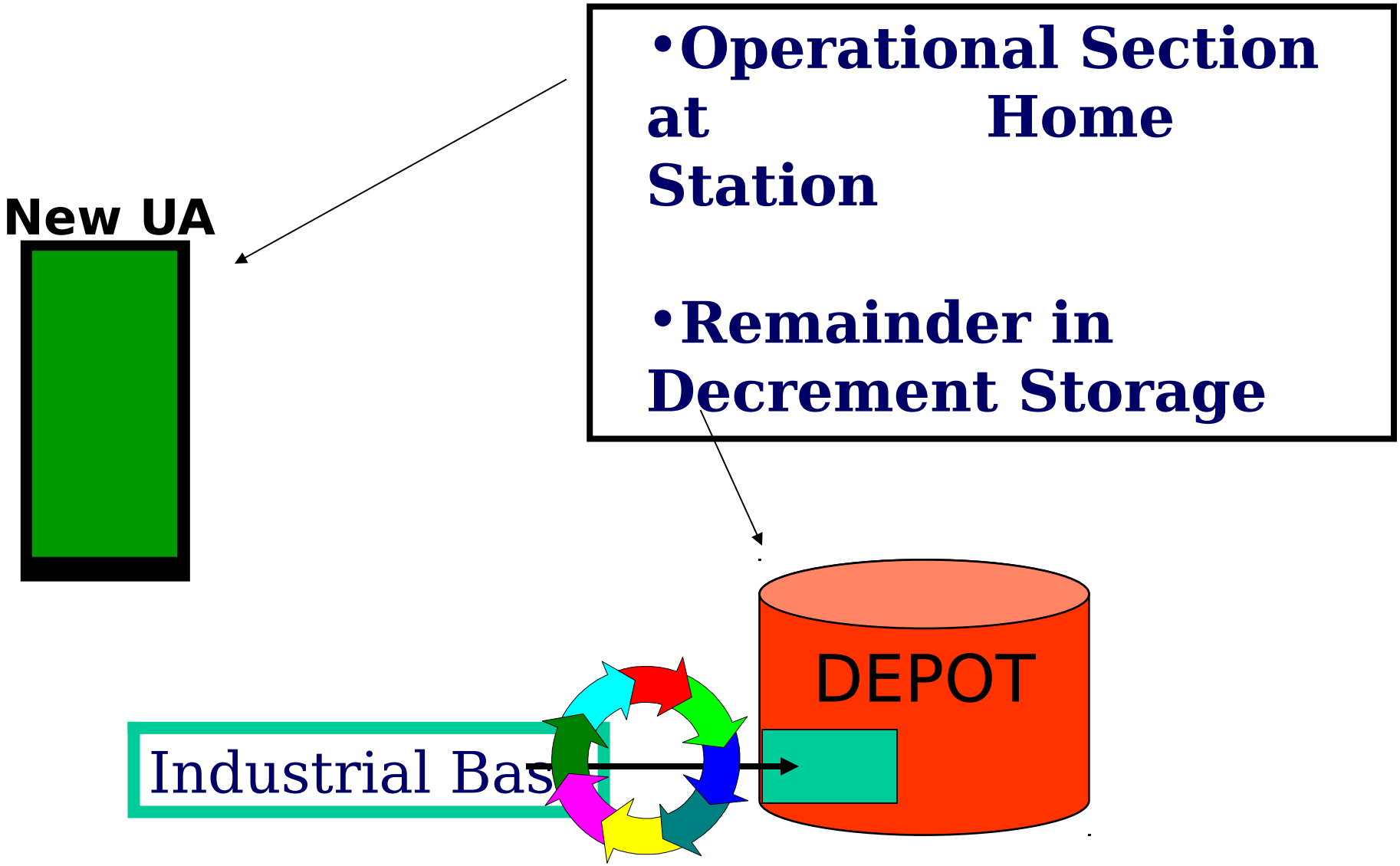

Army XXI has a Medical Structure Tailored for Any Operation
Flexible Tailorable Deployable
MRI
Reduced Medical Footprint on the Battlefield
Advanced Technology will be Integrated Across the Continuum

# New Sustainment Methodology




- **Brings Sets to the Current Database**
  - **Add New**
  - **Delete Old (Excess)**
- **Tested on 121 Gen Hospital & 28th CSH**

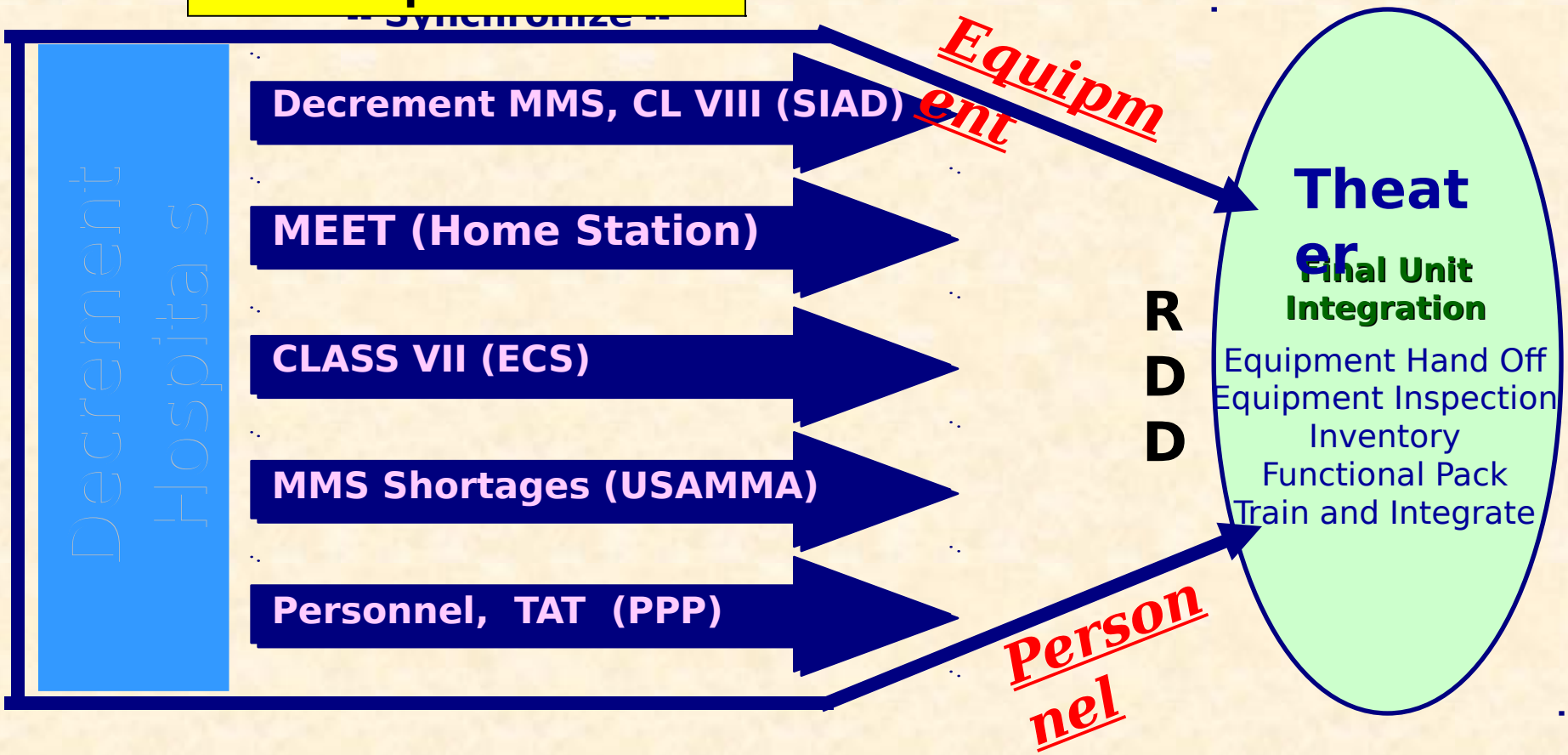
# New Sustainment Methodology



# Mobilization Overview

**Medical Force Deployment**
- **Early Deployers**
- **AC Hospitals**

- **Non-Hospital Units**
- **Personnel (SRP)**
- **Decrement Hospitals**



# *The Challenge*

**Army After Next**

**2025**

**OBJECTIVE FORCE**

**INTERIM FORCE**

**2003**

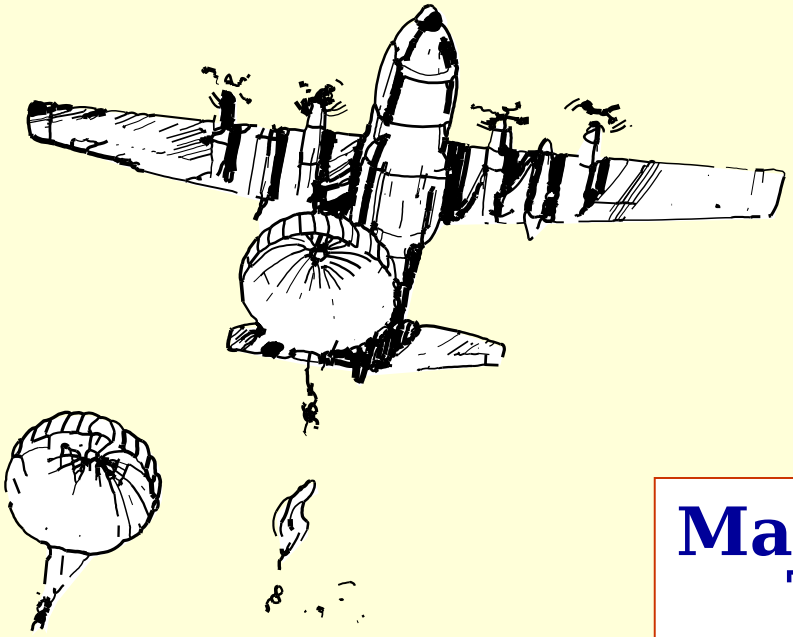
**91 W**

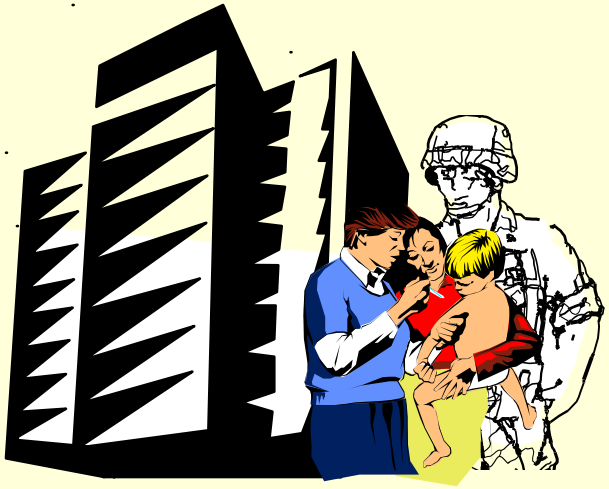
**5 years**
**E-4/ E-5**

**27 Years**

**Time**

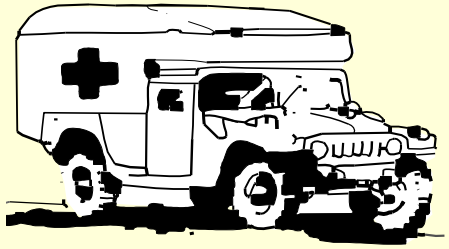
# Total AMEDD Accountabilities





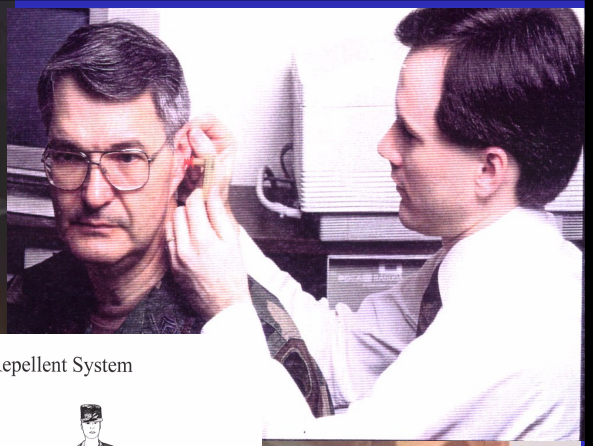
**Project a Healthy and Protected Force**

**Manage the Care of Soldiers, Their Families, and the Extended Army Family**

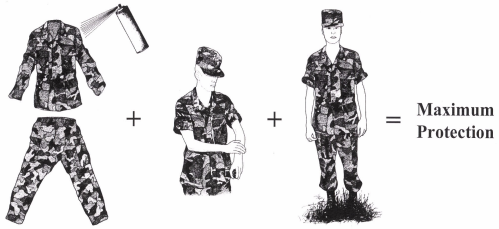


**Deploy the Medical Force**

# Personnel Protection



DOD Insect Repellent System




Permethrin on Uniform

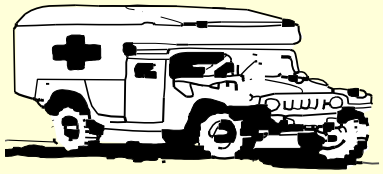
Deet on exposed skin

Properly worn uniform

# PERSONAL

GS-0198M

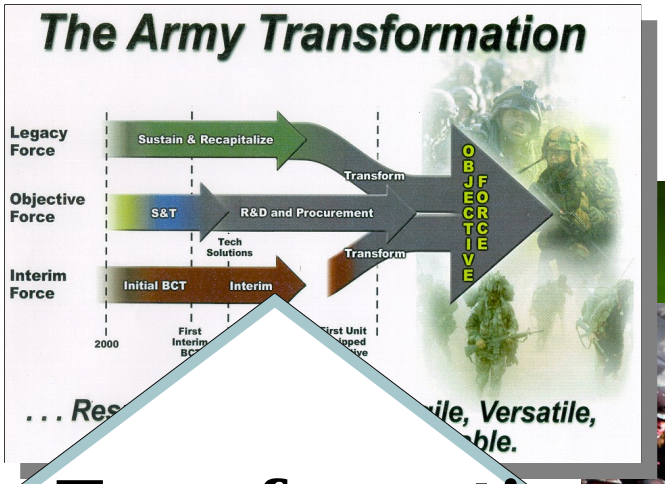
# Environmental Monitor



# Deploy the Medical Fo

# The Chief's Three Themes

## The Medics Role Applies Across All Three




**Transformation**

**Readiness**

**Well Being**

# Army Well-Being

# A Framework for Taking Care of The Army

**“Soldiers -- not equipment -- are centerpiece of our formations.”**

TRICARE

=

# ARMY MEDICINE

# *CJCS on TRICARE*

**“Service members and their families . . . are very frustrated with TRICARE as a system.”**

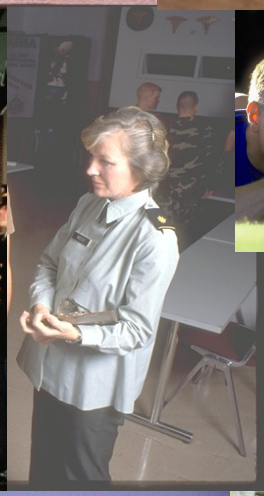
**TRICARE is “immensely complex, administratively confusing, and not very customer friendly.”**

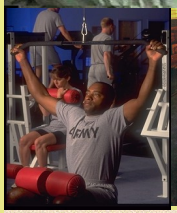
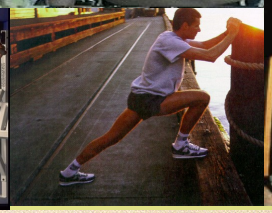
**“At the end of the day fixing TRICARE is not only the right thing to do, it is the smart thing to do.”**

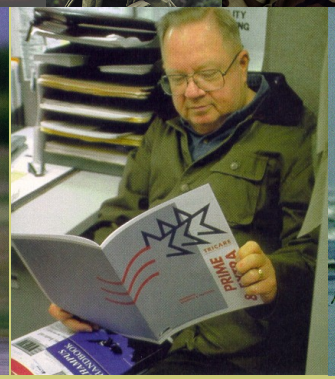
***- GEN Henry***

AMERICA'S ARMY

# OUR "BUSINESS"

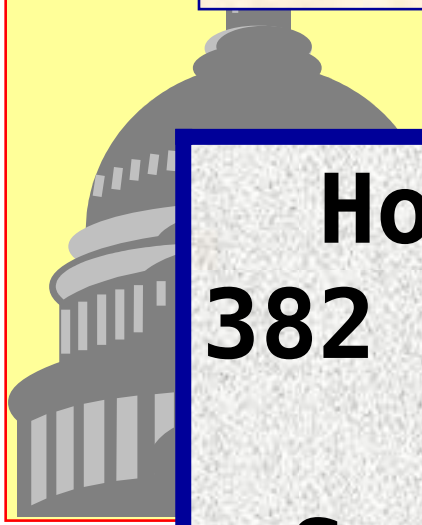




Optimi
ze

# WHOSE EXPECTATION?



**House**
**382 to 31**

**Senate**
**91 to 2**

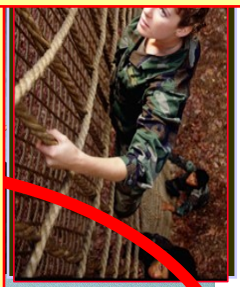
in Prime

- Tricare Prime Remote for ADFM
- School Physicals ages 5-12
- No Non-Availability Statement

TR

icare Senior Prime thru '01

>65 = CHAMPUS Eligible - '02



**PHARM**

**NMOP** **Retail Net**

**Standard Co-Pa**

**Non Network**

**$150 Annual Deductible +**

**$9 or 20%**

Catastrophic Cap: $7,500
$3,000

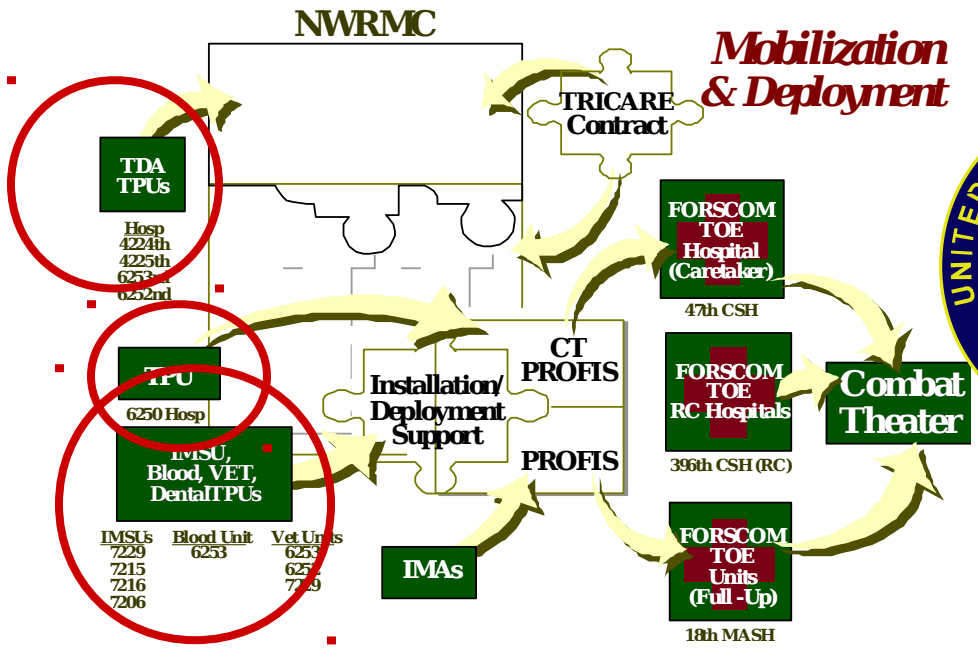
# The Reserves in the Balkans

49th AD (TXARNG) assumes command in Bosnia

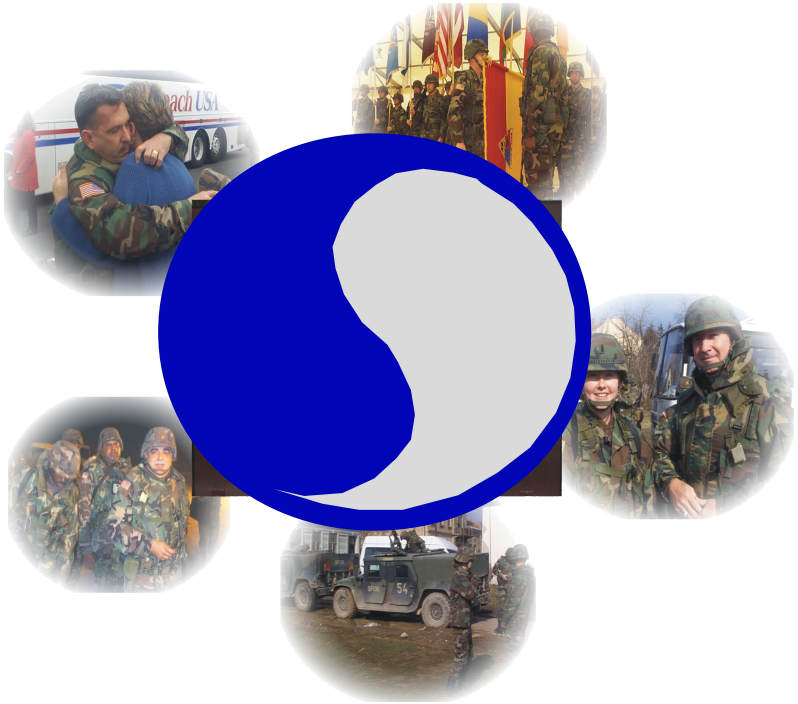
- First deployment of NG division since WWII
- Over 30,000 Reserve and NG soldiers have served in Bosnia since 1995
- Over 9,600 have served in Kosovo

# *FORCE PROVIDER FOR THE WARFIGHTING*

## SHARED RESPONSIBILITY



# 29th ID TF



**SFOR 09 (Oct 2001-April 2002)**

- **–29th Inf Div C&C**
- **–3,000 -3,200 Soldiers**
- **–Units/Soldiers provided by:**
  - **–18 STARCs**
  - **–4 RSCs**
  - **–18th Airborne Corps**

# Implementing Collaborative, Orderly Change

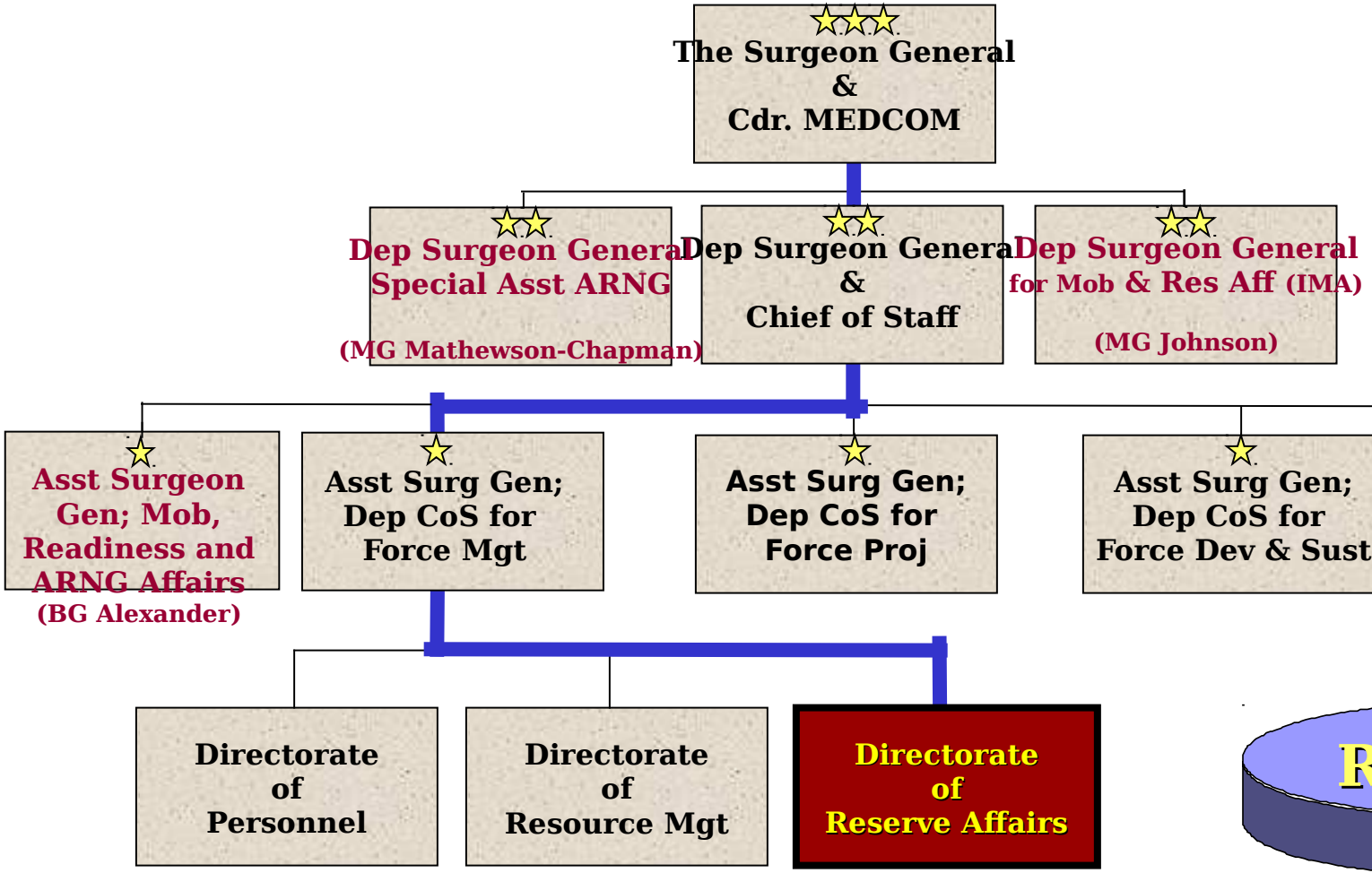
"Today, I declare that we are ***The Army*** --totally integrated, with a unity of purpose--
no longer the total army, no longer the army.
We are ***The Army…***"

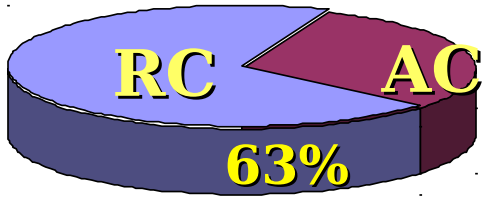
--General Eric K. Shinseki,
Chief of Staff, 22 June 1999

## "An Army of One"

- **RC units fully involved in all operations**
- **CS/CSS shortfall reduction (ADRS)**
- **AC/RC Integration initiatives**
  - **Teaming**
  - **AC/ARNG Integrated Divisions**
  - **Multi-Component Units**
- **Total integration in QDR 01 effort**

# Organization




AMEDD TOE STRUCTU

# The Staff

## *OTSG - Falls Church, VA*

### Director, Reserve Affairs:

ACoS Reserve Affairs , USAR Advisor-OTSG

**COL James J. Becker (Jim)**

james.becker@otsg.amedd.army.mil
(703)681-8053, DSN 761-8053

### Directorate SGM:

**SGM Christopher Smith**

### Administrative Assistant:

**Ms Robbie Figueroa (Robbie)**

robbie.figueroa@otsg.amedd.army.mil
(703)681-8151, DSN 761-8151

### ARNG Advisor:

**COL Jan Harrington (Jan)**

jan.harrington@otsg.amedd.army.mil
(703)681-1062, DSN 761-1062

### RC Resource Integrator:

**LTC Garland Knott (GM)**

garland.knott@otsg.amedd.army.mil
(703)681-1068, DSN 761-1068

### RC Special Staff Officer:

**LTC David L. Stanley (Dave)**

david.stanley@otsg.amedd.army.mil
(703)681-1063, DSN 761-1063

FAX: (703)681-8055

## *MEDCOM - San Antonio, TX*

### USAR Advisor:

**COL William Woolman (Rocky)**

William.Woolman@medcom.amedd.army.mil
(210) 221-6502, DSN 471-6502

### Administrative Assistant:

**Mr. Richard Forcheimer (Rich)**

richard.forcheimer@medcom.amedd.army.mil
(210) 221-8265, DSN 471-8265

FAX:(210)221-8595

# OTSG AC/RC Medical Readiness Partnership

**Identifies, prioritizes, and resolves common medical readiness issues. The partnership is designed to facilitate interaction between TSG, the CAR, the DARNG and their staffs to resolve mutual issues.**

# AC to RC PROFIS

- MOU signed 4 Apr 00
- FORSCOM/USARC will fund 350K each FY (FY 00/01)
- AOC Substitution not approved by RC
- MEDCOM has 90% of PROFIS requirements filled
- RC Units reported PROFIS on USR 15 July 00
- 19 PROFIS will train with 3 RC units 17-22 August 2000
- Team from FORSCOM/MEDCOM/USARC will travel to training site for evaluation of program
- RC requirements will be re-validated Aug 00

# Multi-Compo Units in FY01

Four **USAR resourced units: (Required Strengths**

3rd MEDCOM ( 186 RC & 40 AC spaces), Ft. Gillem, GA
48th CSH (282 RC & 316 AC spaces), Ft. Meade, MD
228th CSH (282 RC & 316 AC spaces), San Antonio, TX
912th Dental Co (45 RC & 14 AC spaces), Independence, M

Two **AC resourced units: (Required Strengths)**

673rd Dental Co (45 AC & 14 RC spaces), Ft. Lewis, WA
6th MedLog Mgmt Center (17 RC & 54 AC spaces), FT. De

# TRICARE for Reservists

- Called to active duty for Balkans Crisis
- Applies to USAR/ARNG and families
- Eligibility effective date ordered to AD
- TRICARE is second payer after other health insurance

**Individual needs determine the best p**

# Enhanced Dental Plan

**Active Duty/Reservist Family Member Dental Plan (begins 1 Feb. 2001)**

* Benefits expanded.
* Reservists and reservist family members included (Selected Reserve and Individual Ready Reserve).
* Premium lowered for ADFMs.
* Enrollment function shifts from Service personnel offices to United Concordia.

Provider: United Concordia

For more information: 1-800-866-8499 or www.ucci.com

TRICARE

# The Army Vision

- **Responsive**
- **Deployable**
- **Agile**
- **Versatile**
- **Survivable**
- **Sustainable**
- **Affordable**

***"The Army will provide to the Nation an array of deployable, agile, versatile, lethal, survivable, and sustainable formations, which are affordable and capable of reversing***

# The Army Vision

- **Responsive**
- **Deployable**
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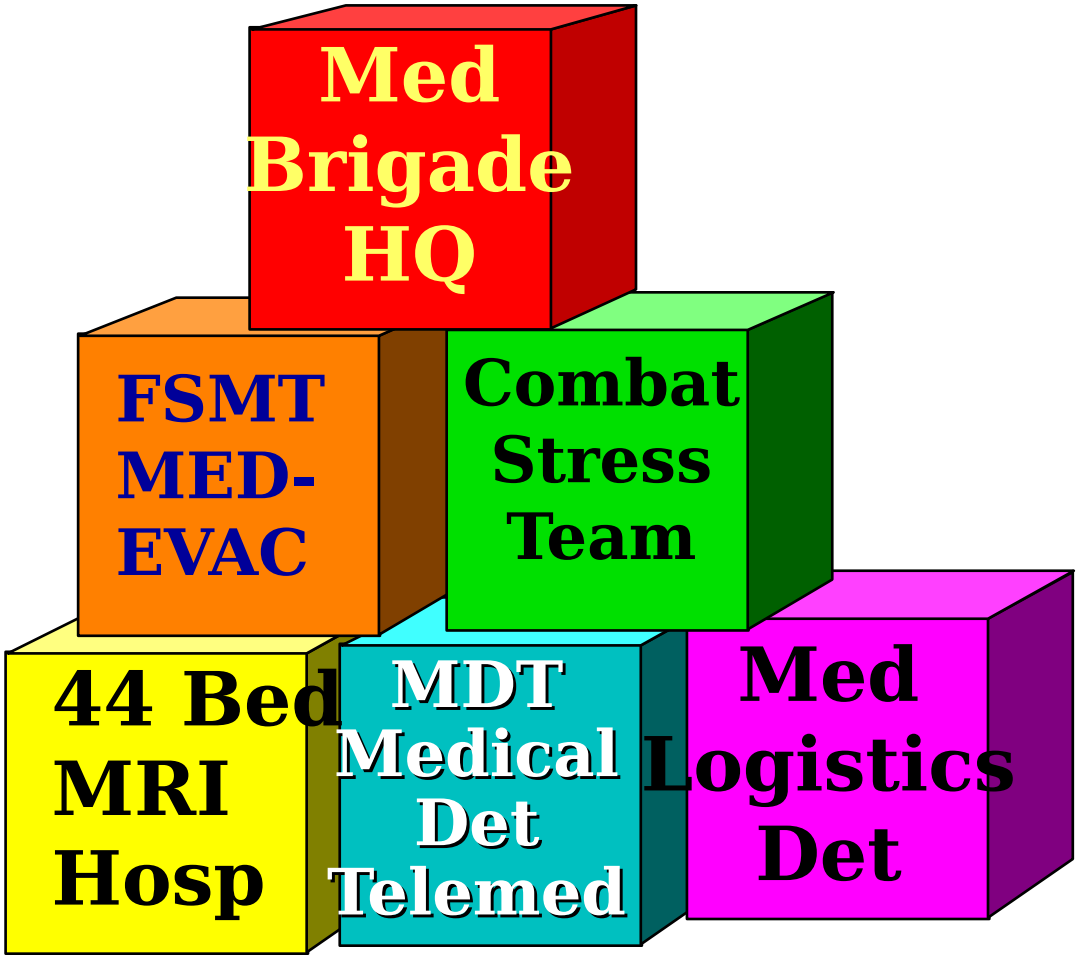
- **Sustainable**
- **Affordable**

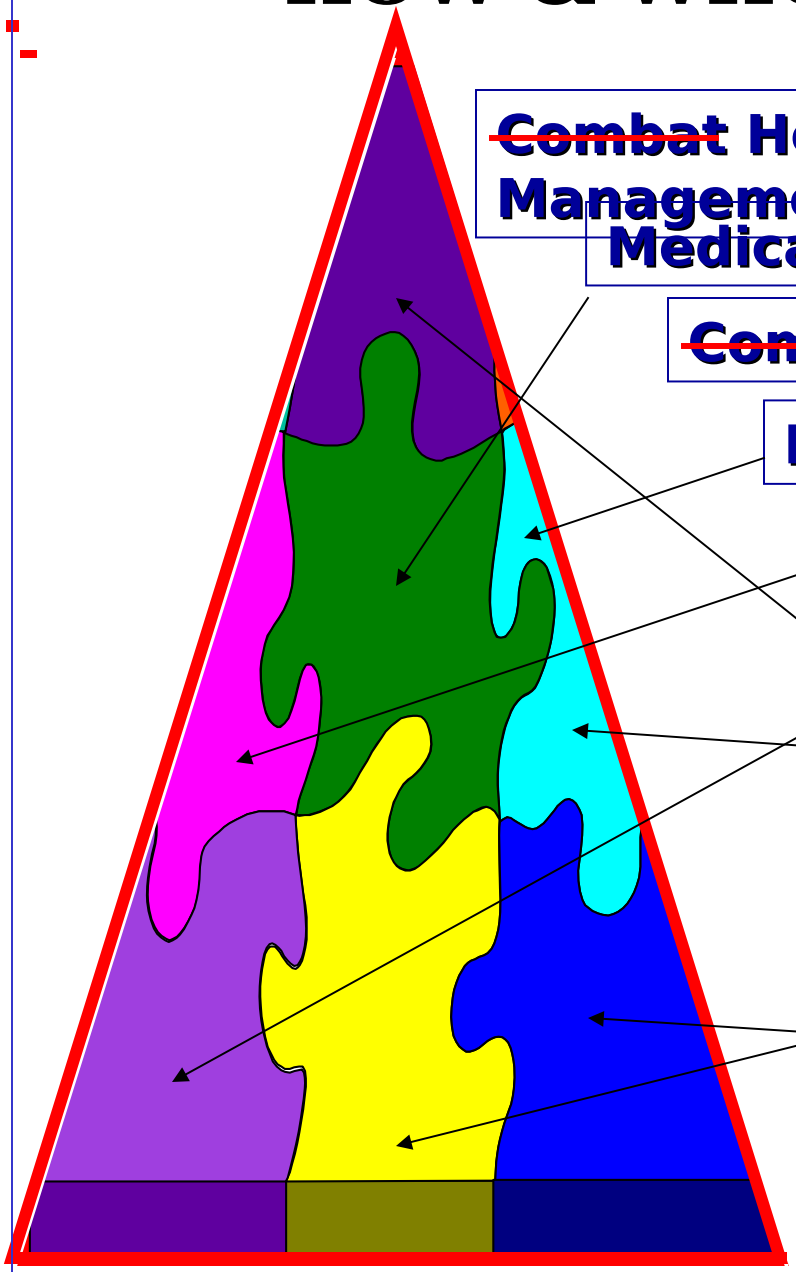
***"The Army will provide to the Nation an array of deployable, agile, versatile, lethal, survivable, and sustainable formations, which are affordable and capable of reversing the condition of human suffering and resolving conflicts***

# Parts of the Puzzle




## Tailored to the Mission

# HOW & WHO BEST FILLS "THE GAP"



~~Combat~~ Health Logistics and Blood Management

Medical Evacuation and Regulation

~~Combat~~ Stress Control

Laboratory Services

Preventive Medicine

Medical Treatment

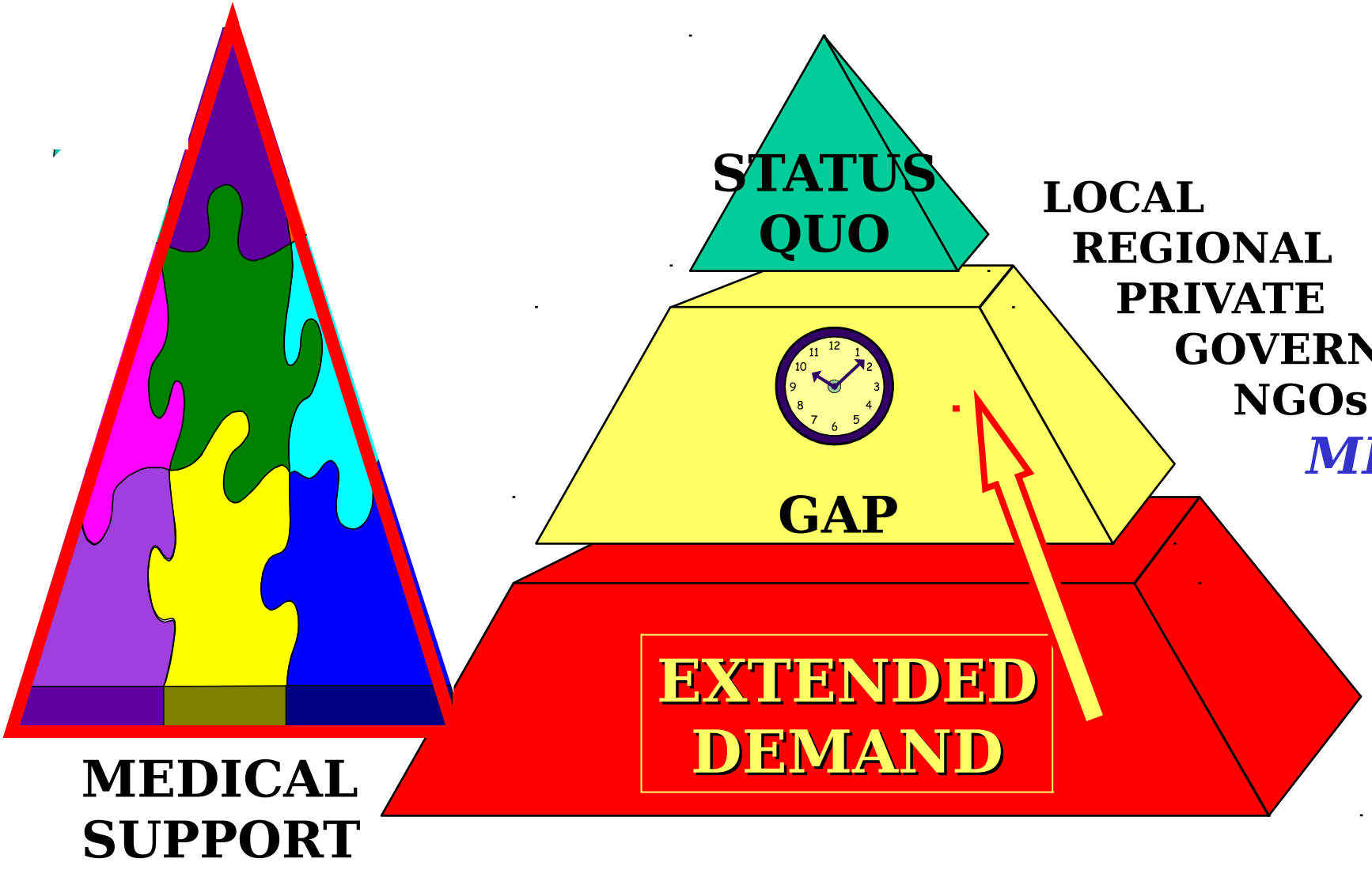
Dental Services

Veterinary Services

Hospitalization

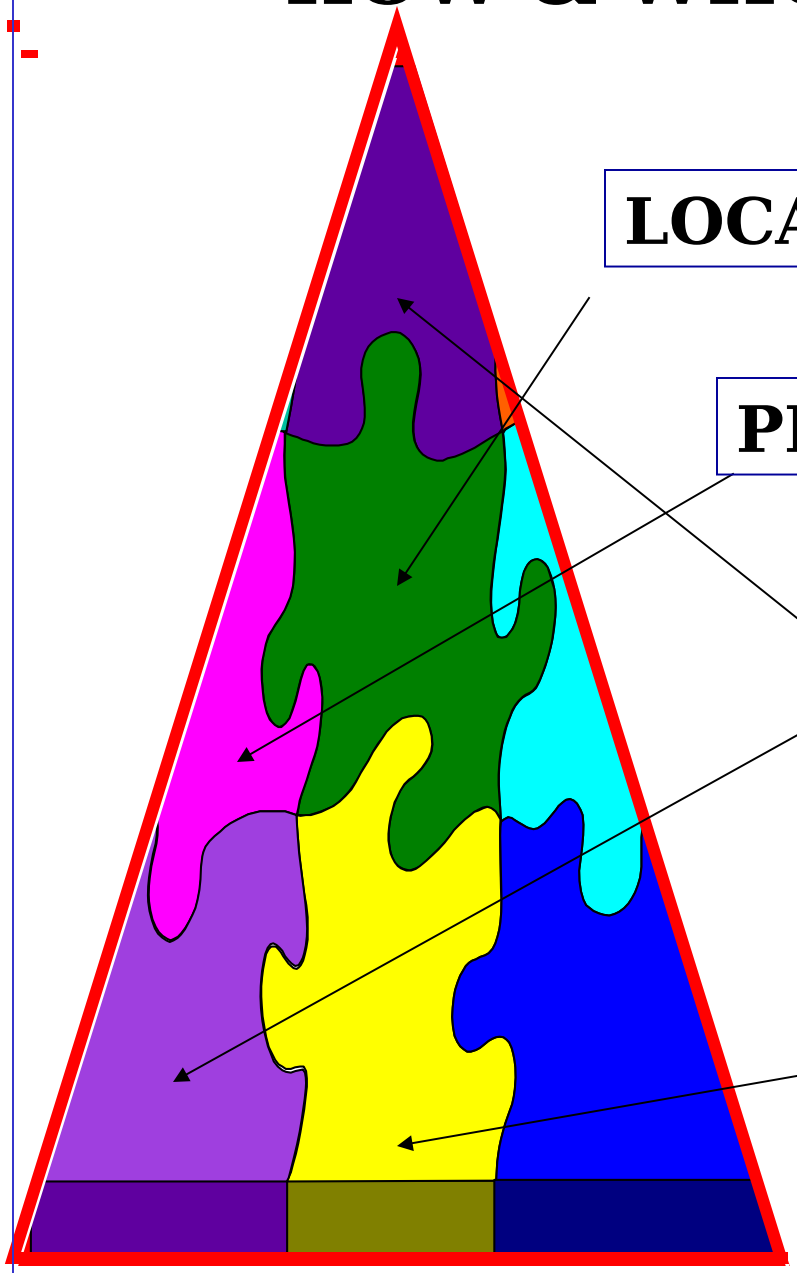
Medical C4I

# WHEN DISASTER STRIKES !




**MULTI FACETED & COMPLEX**

# HOW & WHO BEST FILLS “THE GAP”



LOCAL GOVERNMENT

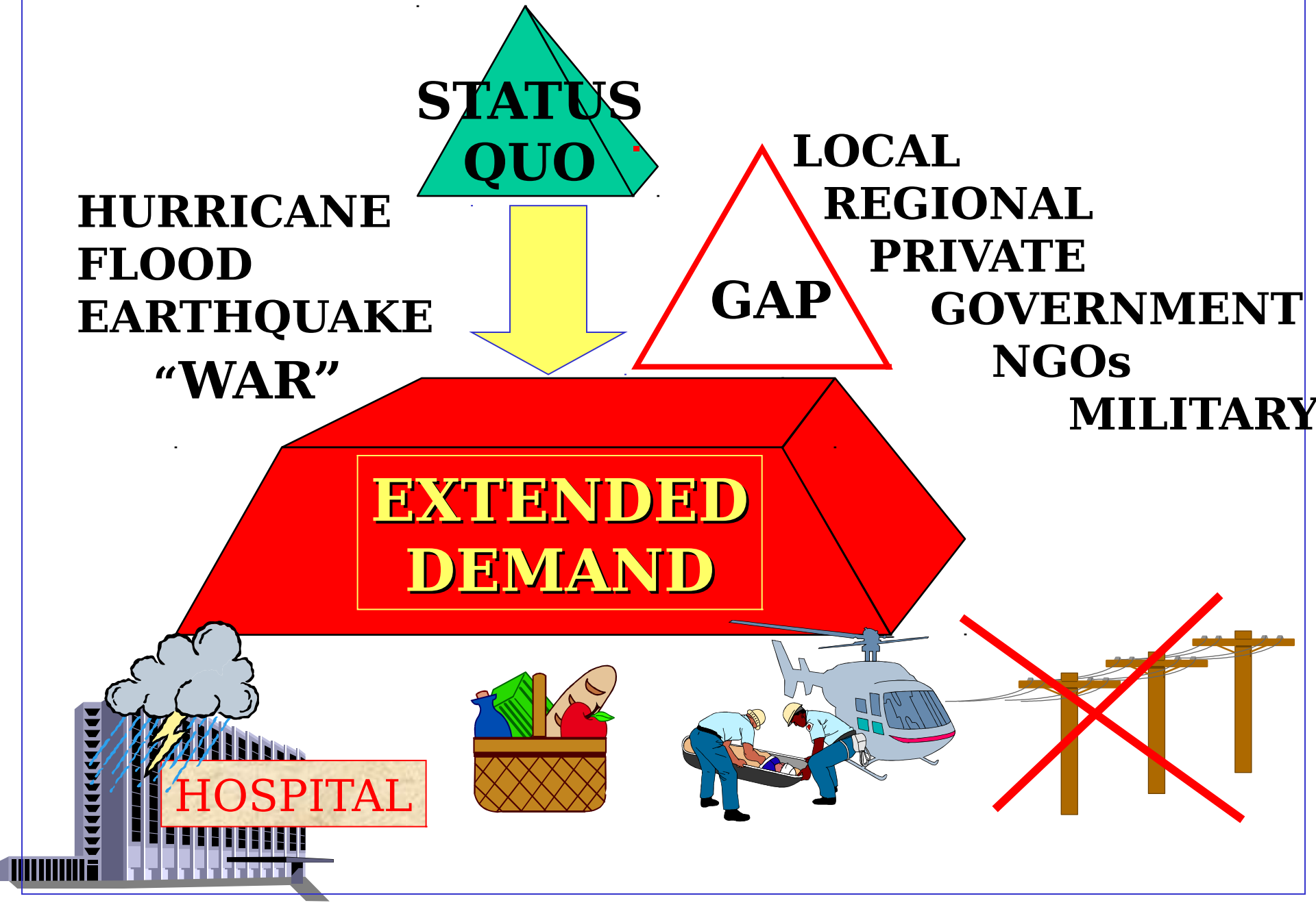
PRIVATE PRACTICE MEDICINE

NGOs: UNHCR / PAHO/UNI
DOCTORS WITHOUT BORD

MILITARY COALITIO

GOVERNMENTAL:
USAID
WORLD HEALTH
ORG

# WHEN DISASTER STRIKES !



# WHEN DISASTER STRIKES !

**Hospitalization**

**Bed Capacity**

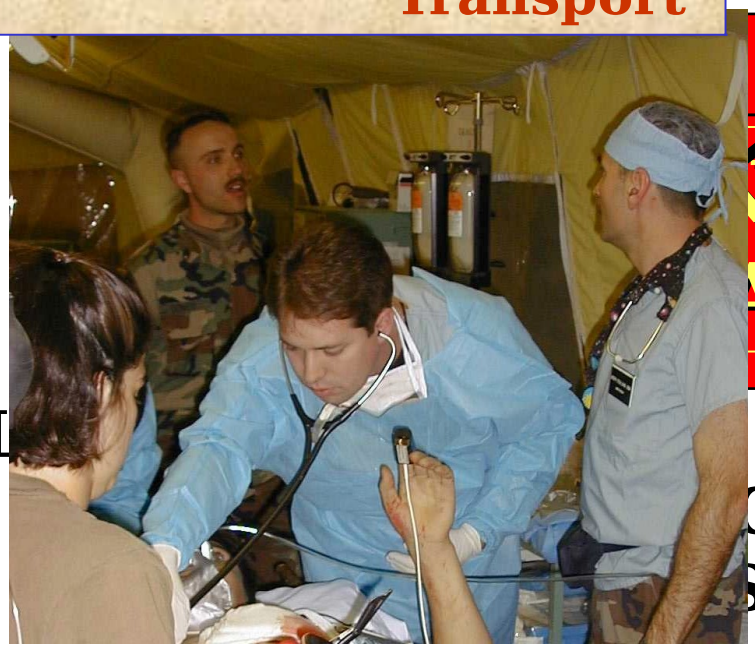
**Surgical Specialties**
**Intensive Care**
**Essential Care for**
**Transport**

**ATUS**
**QUO**

**LOCAL**
**REGIONAL**
**PRIVATE**
**GOVERNMENT**
**NGOs**
***MILITA***

**GAP**

**NDED**
**AND**



**I SHIFTS**
**CREASE IN I**
**SIVE THREA**

# Critical Concept of Combat Health Support

PM
CSC

Ground
Evac

Bde Spt
Med Co

Fwd
Surg
Team

Medical
Logistics

I BCT

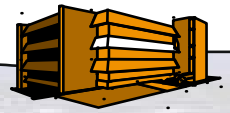
Patient Regulation
Medevac
MEDCOM, Corps

Dental Specialty
Bio Med Rep
Blood Mngmt
Veterinary Svc
Hospitalizatio

CORPS

MEDCENS
VETCOM
DENCOM

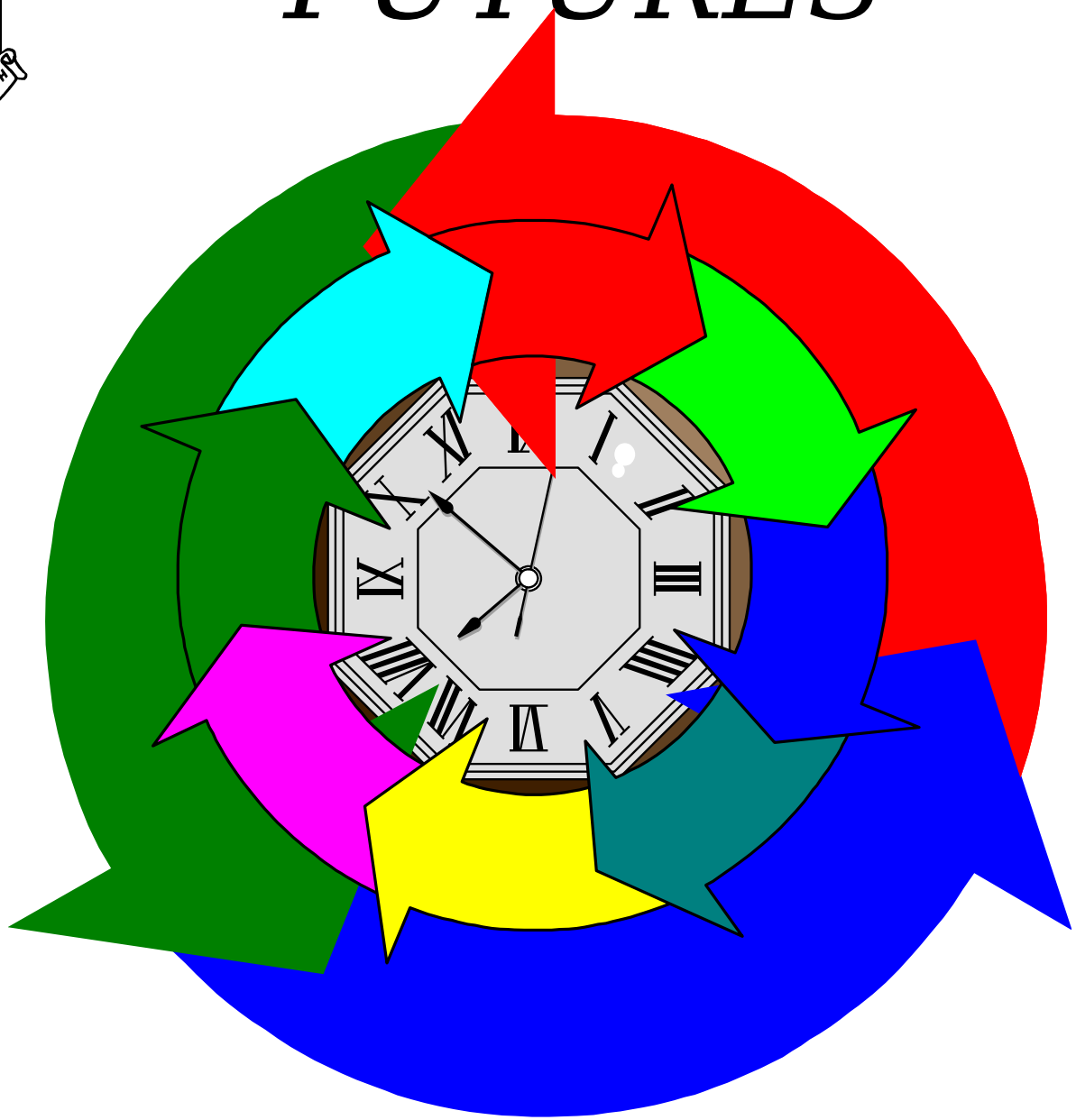
CHPPM
MRMC
USAMRIID



REACHBACK ASSETS

USA MEDCOM
NATIONAL MEDICAL PROVIDER

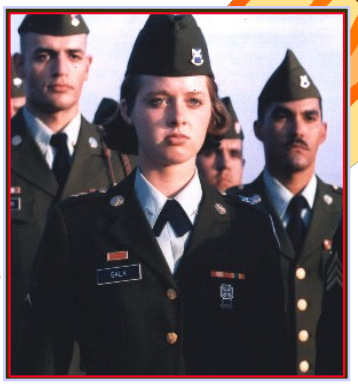
# FUTURES



# CHALLENGES..... ARMY . . . AME

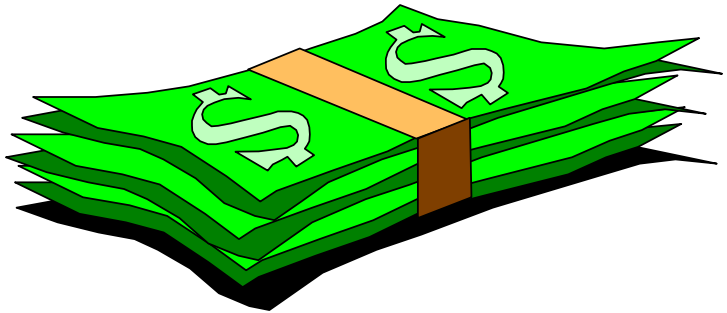
## Manning the Fo

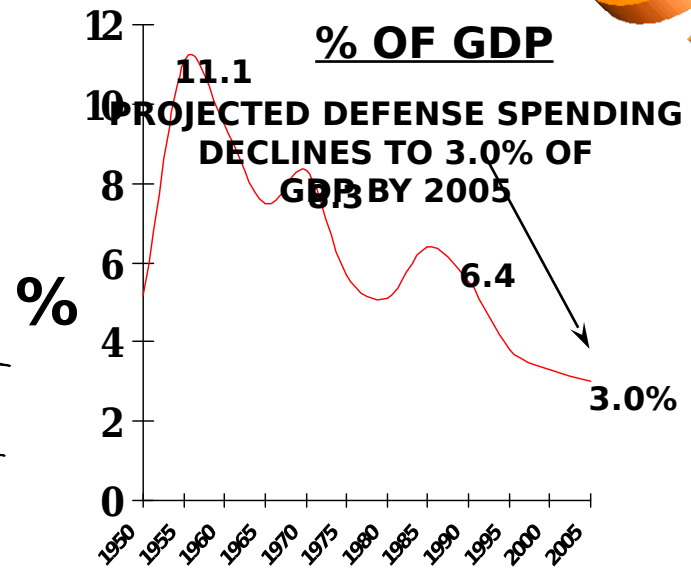
TRANSITION



RECRUIT / RETAIN

## Resources





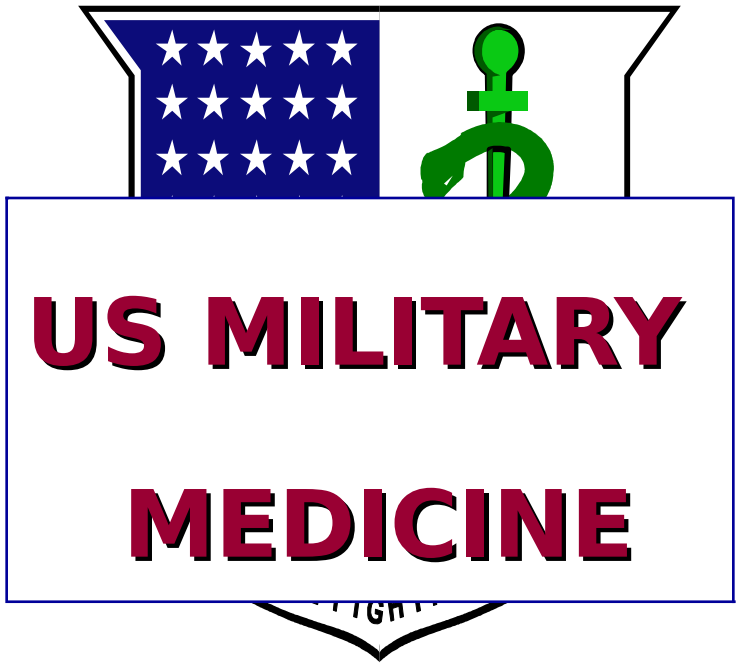
***CHANGE***

***CHANGE***

***CHANGE***

***CHANGE***

***CHANGE***




***CHANGE***

“One of the dangers in our approach - in terms of being
very decentralized and empowering - is that if we aren’t
capturing the key learning from the different parts of the
organization, we may face a lot of redundancy. In a lot
of situations, people will face a problem for the first time.

**As a company, we may have faced it 20 times and figured out four different ways to attack it…There’s**
**a major efficiency to be had by having everybody understand what we’ve**

**David E. Browne**
**CEO of LensCrafters**

# ARMY CORE VALUES

- LOYALTY
- DUTY
- RESPECT
- SELFLESS SERVICE
- HONOR
- INTEGRITY
- PERSONAL COURAG

# QUALITY . . . .

***PEOPLE***

***TRAINING***

***FAIRNESS / INTEGRITY***

***OPPORTUNITY TO EXCELL***

***WORKING ENVIRONMEN***

***Appreciated***

# *The Army Medical Department*

**We Serve Our Nation, Our Army, Our Soldiers**

**We Epitomize Quality and Value**

**Compassion and Competence Are Our Hallmark**

**We Earn & Deserve the Trust of Our Patients & Our**

***The Soldier on Point Is NOT Alone***

# ~~ONE~~ THE AMEDD - ONE MISS

# MEDICAL READINESS

## AC/ARNG/USAR

C4I

HOSPITALS

RMC's

MEDCOM

AREA MED

EVACUATION

MEDCENS

ATV

UH60Q

JMRO

DENCOM

PREVENTIVE MED

VETCOM

DENTAL

USACHPPM

AMEDDC&S

MED LAB

LOG & BLOOD

MRMC

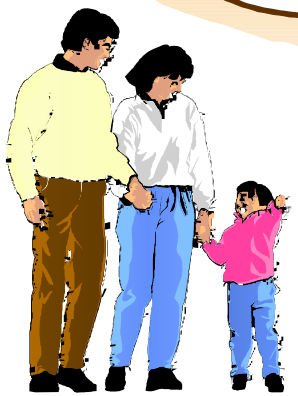
R&D

COMBAT STRESS

DTLOMS

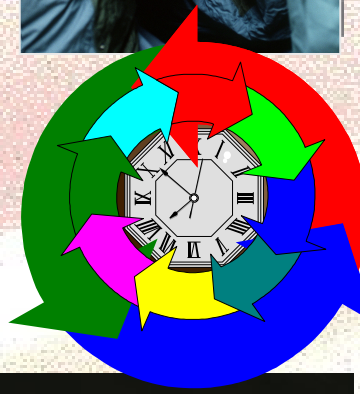
VET

MEDICAL TOE



INSTITUTIONAL TDA

# CAPABILITIES BASED



# . . . RESPONSIVE

X-RAY

***CARING BEYOND THE CALL OF DUTY***